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A PRACTICAL STUDY OF THE BLOOD AND THE CIRCULATION, WITH A HISTORICAL REVIEW OF THE SUBJECT AND ITS BRIEF CONSIDERATION FROM THE STANDPOINT OF ITS CHEMICAL COMPOSITION, ANATOMICAL STRUCTURE, AND PHYSIOLOGY; INCLUDING CLINICAL STUDIES, AND EXPERIMENTAL RESEARCH ON THE LOWER ANIMAL.

BY THOMAS H. MANLEY, M. D.,
NEW YORK.

Continued from last number.

PART XV.

THE CONTENTS OF THE BLOOD-VESSELS AND THEIR MOVEMENTS.

During the past twenty years the study of the corpuscular elements of the circulation has engaged the attention of many investigators, particularly in France, Germany and England.

We have theories almost without end on their origin and mode of development, but the precise functions which they subserve are not yet well known, nor have we a definite classification or division of the blood corpuscles. My own studies and research lead me to the conclusion that the morphology of the blood is even now on anything but a sound basis.

A gain was made when the amoebic properties of the leucocytes were discovered, but later critical studies

prove that there are at least four or five different varieties of them.

To Hayem is given the credit of discovering the third corpuscle, or "hematoblast." But there can be little doubt but later observations will demonstrate that there are many other corpuscles presenting distinctive characters not yet isolated, and some of which are not yet discovered.

It is certainly true that there are many bodies seen with distinctiveness, and in considerable numbers, in the moving circulation, which vanish or are seen imperfectly, if at all, in blood withdrawn from the body. Other corpuscles there are of various dimensions that present themselves only as spectres, their ghostly shadows fading out of sight almost instantaneously after we have localized them.

Many have concerned themselves with the problem as to whether or not the blood is a tissue, or whether the corpuscles are cells, and, if such, whether they are capable of renewing themselves by nuclear proliferation. But we are unable to see any nucleus in the colored corpuscle of most of the mammalia. This fact, however, does not prove that it does not exist. When appropriate reagents are forthcoming, for which this element of the protoplasm has an affinity, it will probably appear, for there is no reasonable explanation for its absence in man.

The blood is spoken of as a fluid,

which it is, physically, while in the vessels; yet, strictly speaking, it is not any more than a metal is a fluid when reduced by heat, for it contains many solids which constitute a large part of its bulk. Blood is life in more respects than one.

To suppose that it merely serves as a vehicle for the conveyance of nutritious elements to the tissues and residuary products to the emunctories, to be thrown off, is altogether too simple a view to take of the subject. There can be little question but its purposes are more complex and varied, that it is the centre and soul of our very existence, intimately associated with many phenomena now presumed to be dependent on other sources.

As Hunter and others well described it, it is, indeed, the "vital fluid" that animates and preserves all.

Its study is yet one of a most fascinating interest, however we may view it.

My purpose at present will be to consider it rather from a mechanical standpoint than to deal in detail with debatable features of the subject, or enter at length on the physiological properties of the corpuscles. This was my object when I undertook a series of experiments during the past year; but, as the work advanced, the study of one feature led to the notice of another, and I soon learned that my own early teachings on the subject, in many respects, had been deficient and faulty, and that to one who had the leisure and training the study of the blood, either from its interest and value to the surgeon or the physician, was a subject of transcendent importance.

It was surely evident that the subject can be pursued on the living animal, in the normal state and under a vast multiplicity of conditions. As a matter of fact, except from a bacteriological standpoint, certain features of the blood corpuscles can only be critically and reliably examined under normal conditions in the living animal.

The blood corpuscle is a vitalized substance of exquisite sensitiveness, and probably every one of them

is individually endowed with special characters, too fine and delicate to be revealed by any means as yet at our command. In the vessels they are influenced by thermal, chemical, electric and vital forces, which are deranged, and they perish the instant they leave them.

The red blood corpuscles are carriers of assimilated materials, changed and unchanged, from one structure or organ to another, and are particularly concerned in the absorption of oxygen in the lungs and carbonic acid in the tissues.

By some rather obscure effect, produced by a magnifying lens and condensed rays of light on the round corpuscles, they appear of a faint yellow instead of red.

They are not of uniform size, although their relative proportion in the plasma remains remarkably uniform in the healthy state. Under high power they are seen to be granular, faintly reticulated and without a limiting investment.

It is unnecessary to say that the living, moving red corpuscle can only be critically examined in the vessel, and when removed and mounted it has undergone such molecular changes as to leave a doubt whether the condition is normal or not.

As a matter of fact, there has been too much generalizing on the elements which we examine in dead tissues, and applying the deductions derived therefrom to living parts.

The red corpuscle is supposed to be a passive body, only moving in response to a current of plasma, in which it floats; but this is entirely an error, for it most certainly possesses many ameboid characteristics, for it is ever changing its form in the capillaries and plasmic current, through which it flows, outside the capillary. In the capillary wall it engages and makes its way out through the stoma by a sort of corkscrew action. And, after it has finally escaped, it can be easily seen to move about in various directions, and later approach the capillary wall from without, and again move on with the circulatory tide.

Diapedesis of the red corpuscles, physiological and pathological, is ren-

dered possible by this property of the red corpuscle; besides, in many situations and under various circumstances in health, the shape of this globule is constantly changing.

(To be continued in the next number, January 4, 1896.)

THE GERM THEORY OF DISEASE A MISCONCEPTION AND VAGARY.

By W. R. Dunham, M. D., Keene, N. H.

The alleged bacterial cause of disease, while small as an object lesson, has attained great proportions in the field of visual research. The late Professor Tyndall, commenting on such relations, states: "Indeed, previous to the discoveries of recent times medicine was not a science but a collection of empirical rules, dependent for their application upon the sagacity of the physician." Yet, notwithstanding what may be said by such distinguished authority, medical science is no less a problem than before such discoveries; in fact, the mind has been led away from first principles into the domain of experimental facts, imperfectly represented in their relation to medical science principles. Thus, to consider the germ doctrine in the light of operative principles, which underlie all facts, it may be of advantage to make use, more or less, of some alleged truths as presented by different authorities, and, later, endeavor to find some basis of interpretation that may help us to understand their relation:

(a)—"It was found that diphtheria was not caused by the germ itself but by specific poison which is produced by the microbe, and with artificial cultures when filtered and freed from germs the culture fluid is just as poisonous as the germs themselves."

(b)—"We find this antitoxine in the fluid portion of the blood, and this serum in small quantities is very powerful."

(c)—"The liquid of the cultures changes from alkali to acid, and from acid back to alkali and when the alkaline fluid is injected into a rabbit

it proves fatal, while the same fluid changed to an acid is harmless."

(d)—"In the cultivation of bacteria in artificial media outside the body it was determined that their virulence became diminished to such extent that they ceased to be fatal on inoculation into susceptible animals but the most important discovery was that the animals inoculated with such enfeebled cultures were protected against the attack of the most virulent cultures of the same micro-organism. The next step was the discovery that the blood of an animal thus artificially protected from a particular disease contained material which can be transferred to other animals and protect them from the same disease."

(e)—"When a tree, or a bundle of wheat or barley straw, is burnt a certain amount of mineral matter remains in the ashes—extremely small in comparison with the bulk of the tree or the straw, but absolutely essential to its growth. In a soil lacking, or exhausted of, the necessary mineral constituents the tree cannot live, the crop cannot grow. Now, contagia are living things, which demand certain elements of life just as inexorable as trees, or wheat, or barley, and it is not difficult to see that a crop of a given parasite may so use up a constituent existing in small quantities in the body, but essential to the growth of the parasite, as to render the body unfit for the production of a second crop. The soil is exhausted, and, until the lost constituent is restored, the body is protected from any further attack of the same disorder. To exhaust the soil, however, a parasite less vigorous and destructive than the really virulent one may suffice; and if, after having, by means of a feebler organization, exhausted the soil without fatal result, the most highly-virulent parasite be introduced into the system, it will prove powerless. Some such explanation of non-recurrent diseases naturally presents itself in the germ theory."

The foregoing alleged facts and theories are accepted, more or less, in support of the doctrine that zymotic diseases are essentially propagated,

direct or indirect, by microbes; yet the question is far from being settled as to the nature of the process that effects the construction of the maturies morbi of contagion. And I am reminded that the facts for examination exist in the following order:

First appears the specific micro-organism.

Second—Said bacillus excretes a substance called toxin.

Third—Said toxin acts chemically on the albumen of the blood cell, producing tox-albumen.

Thus, to examine the disease and microbe problem within the limit of the mentioned divisions, allow me to draw an imaginary equator between sections first and second, and thus divide this subject into its two legitimate and distinct fields for research.

The first division includes the possibility of special microbe existence—together with human life functions—constituting problems in the field of vital force science; while sections two and three include operations devoid of life force agencies, and in the field of chemical and other alleged force agencies. All science phenomena is presented by some department of active force agency, and the fact should be recognized that medical scientists ignore the function of vital force agency in disease problems. Thus the facts developed and presented by this agency are sought to be explained by the action of chemical and other mysterious agencies. Now such a feat is impossible, although the attempt is still persisted in with as much apparent expectancy as was anticipated many centuries in the past.

It has been found difficult to explain how the microbe acts to develop disease; in the meantime it was discovered that said micro-organisms excrete a toxin, that acts on the same principle that all poisons act, which seems to solve the problem satisfactorily—connecting the cause of disease with the production of disease. As a problem in science, however, the cause of disease does not develop disease; there may be thousands of causes of disease, while disease is developed by the abnormal action of the life force agency. On the life

side of this equator, in the field of biological science, it can be determined that poisons and the causes of disease do not act. The cause of disease is always passive, while the vital force agency does all the acting.

Also it will be a very difficult problem to solve, as alleged, that the microbe can either secrete or excrete a toxin. The microbe is not sufficiently complex in its make-up to exercise such functions.

The toxin is not a secretion or excretion of the microbe, but the dead microbe itself, little, if any, deteriorated by chemical changes. The maturies morbi is first a pathological product of abnormal vital action and food for microbe development, that may be bottled up by the micro-organisms as a wise provision of nature—being less injurious, and when the microbe life ceases there exists a compound organic body of vital synthesis like all organic creations, possessed of chemical constituents that may enter into chemical changes. And the virulence of said compound depends wholly on the food material of the microbe—see quotation b. It remains an unsettled question whether the first chemical changes with such organic compound develops a virus of worse quality than the pathological product itself—see quotation a. Whatever the fact may be, the microbe does not attack the human system, as represented by reputed authorities—see quotation (b). Neither do chemical compounds, as chemical forces, act on living structures, but may act on such structures after life becomes extinct. Biological science is not taught—but life facts only, thus making void much that is accepted. Notwithstanding, the medical scientist persists that the explanation of non-recurrent disease and the bacillus problem is vested in sections two and three on the chemical force side of the equator; such is not the fact. This problem of micro-organisms and non-recurrent disease is wholly on the life force side of the equatorial line, within the field of vital force functions, a department relegated to future generations for a solution. In the meantime the modern scientist is content in trying

to solve vital force problems by the application of chemical and other force agencies. In brief, the doctrine that causes of disease act, and that material medicines have "active principles," while acceptable as an inheritance from authorities coming down from the dark ages; such is really a serious delusion in expected source of operative principles.

The fundamental and operative principles of medical and biological science exist only in the functions of the four active vital properties of the life force agency—a department of nature's forces not taught in the schools, but outlined by me in the Times and Register of October 12 and 19, 1895.

We must recognize that micro-organisms constitute a world of life coming into existence wherever food material and opportunity favor such development. The waste tissues of a healthy organism favor the development of the health microbe, while pathological vital action with all disease elaborates a different material compound constituting food for the growth of other varieties—called disease microbes. The essential difference between health and disease microbes is implied alone in the food material from which it is constructed. The disease microbe is constructed from pathological virus of vital action, and, while such micro-organisms may bottle up the special virus temporarily, giving it a longer existence, later such microbe may be a carrier rather than a creator of special virus. The health microbe may become a disease microbe, and inversely, in accordance with the quality of the food material from which it is constructed. See quotation (d).

It may be instructive to consider the career of a microbe colony developed in association with scarlet fever or small-pox. Such micro-organisms multiply with great rapidity, but die out as soon as the pathological food supply is cut off by the restoration of physiological function. Scientists say the soil is exhausted, but with recurrent disease the special microbe appears as frequent as such disease. The individual who has recurrent and non-recurrent disease continues

to live on the same food material—the same material soil, while with recurrent disease the soil is not exhausted, but the very opposite with non-recurrent disease. See quotation (e). With such facts it may appear later that some different factor is involved—not implied in exhausting the soil of its elementary constituents. There is to be considered also the distinction between a blood serum virus and a culture fluid virus. The former is a product of pathological vital action—the virus accumulating in the blood faster than it can be eliminated. The latter is similarly produced, which later enters into the construction of micro-organisms, transferred to an artificial medium undergoing dissolution and dilution, and recognized as attenuated virus, without sufficient chemical change to destroy its specific character. Such virus gets its special characteristic disease contagia from a pathological life function, neither the microbe nor chemical action being capable of keeping up the standard of virulence—which is important to consider—in artificial pabulum. See quotation (d). All disease problems, like astronomical problems, as enigmas for solution, are based on certain primary operative fundamental principles, while non-recurrent disease includes all of the same principles, with certain additional characteristics. There is a limit to research in this direction, beyond which the mind cannot penetrate, and such premises exist in the functions of the four active vital properties of life force agency. For the purpose of giving relative value to the quotations in this essay it is necessary to recognize some special operative fact in biological science—of sufficient importance to be called the common denominator of numerous other facts. Thus we must recognize that pathological vital action may produce both primary and secondary causes of disease. Also with certain disease that such product can be produced but once, and in connection with this fact, may be found the explanation of non-recurrent disease. The facts of quotation have a relative value to such common denominator, which supports their existence in the

field of events. Inflamed to a certain degree serous tissues are deprived of the repetition of functions; also with certain glands. And is it not more rational to infer an approximation to such kind of facts? If so, non-recurrent disease is explainable not in the fact that the microbe has consumed all the elements of the soil, but no special virus can be created the second time to feed such microbe, as with recurrent disease. Keep in mind that the cause of disease is always passive, being a presence that causes abnormal sensation; in other words, irritability; to be succeeded by pathological vital action, which is the other name for active disease. And with non-recurrent disease such fact exists, for no other reason than what is implied in that other fact—that pathological vital action can produce such virus but once.

The materies morbi is created originally by a pathological vital act—not by a microbe or chemical action. The special microbe of pure virus construction may be made docile when fed on artificial food, and again made the direct or indirect cause of disease when fed on special virus. Blood serum produced by pathological action with horse tissues has not that degree of virulence as when created within the human organism, and the modus operandi of protection against non-recurrent disease when injected into other animals, or the human subject, in repeated small doses, is explainable from several associate principles.

When zymotic disease becomes fatal it is not due alone to the virus of primary contagion, but in the rapid production of a similar virus, from pathological vital action, developed much faster than can be eliminated. Thus when attenuated virus of horse serum is introduced a less severe vital disturbance succeeds—that is, the special virus is created less rapidly, permitting elimination to more nearly keep up with its production. Also the injection of attenuated virus in repeated small doses develops that condition called toleration, modifying the rapidity of virus construction. In the meantime that mysterious change is slowly taking place with the diseased cell tissues—that occurs

but once—which forbids such structures from experiencing a similar pathological disturbance, thus making it practically safe to subsequently bring pure virus in contact with the human organism without awakening that special pathological vital act that represents non-recurrent disease. Another factor is implied, that during such disease the injection of virus deploys vital action, affording relief by diminishing the rapidity of virus construction. Therefore, we repeat that non-recurrent disease is due to this one fact alone; that the human organism—as well as other animal organisms—cannot develop such special virus but once in a lifetime, and the attenuated virus is made the exciting cause of such disturbance slowly and thus more safely developed.

With the inference as expressed by some scientists, that the microbe consumes the soil to such extent that another crop of similar disease microbes cannot survive, as an explanation of non-recurrent disease, is made to support the germ theory, that such disease is a sequence of the microbe—while the opposite is true. The microbe is an adventitious creation, dependent on the manufacture of such virus for its existence. The peculiar fact of non-recurrent disease being due wholly to histological changes from pathological vital action, that cannot repeat itself. Thus it is very inappropriate, misapplied and contradictory to the operative principles of science to attach such importance to the function of the microbe, direct or indirect, as may support the germ theory of disease.

The microbe is a microbe, but not a germ in any sense whatever. The microbe may subsist on various kinds of food produced by health or disease action, and the virus from which the non-recurrent disease microbe is constructed, both before and after the termination of microbe life, may be the cause of such disease in an organism that has not been previously diseased.

Thus, when such virus is bottled up, by virtue of micro-organism construction, it is less injurious. If the scientist must use the word "germ," the microbe should be regarded as a

germ of temporary protection rather than a disease germ, for such micro-organism is a scavenger—a wise provision in aid of self-preservation of the diseased human organism. See quotation (a).

Microbes do not attack the human organism, as alleged, but attack virus and devour it, being without power to do other things. Serum and virus are not powerful—such material is passive. See quotations. The Great Architect of the universe has not instituted a plan of concealed infantry, to attack human beings and destroy their lives!

It is not possible to comprehend disease problems without first recognizing the distinct functions of the operative principles that execute the varied phenomena of the human organism—a department which at present is not under mental cultivation. The mind is handicapped in its application to scientific research, from a previous acceptance of false doctrines, expressed in the language of “active cause of disease” and “active medical principle.” The cause of disease and material medicine is passive—passive to the full extent that such word may imply.

There are no “active principles” that operate the living human organism, except vital. The cause of disease, and also material medicine, causes sensations—often called irritability—that, as such, occasion the involuntary life force to become active—active in the development of either health or disease.

The involuntary life forces are brought into activity in response to a sensation that may be produced by the cause of disease, or from medicinal contacts, while the voluntary life forces are made operative in response to the mind.

A practice of medicine, based on the correct theory of the relation of cause and effect, and knowledge of true nature of disease—how it is produced—will enable practitioners to save many thousands of lives annually that are now sacrificed from the acceptance of false doctrines.

The perils of the hour demand a better comprehension of the first principles of medical and biological science—that department which has

been relegated to future generations for a solution; implied in the functions and nature of vital force—the operative agency that develops health and disease.

The first problem to solve consists in demonstrating whether the cause of disease is active, and that material medicine has “active principles.” Or, is this ancient doctrine, of more than a thousand years’ perpetuation, a delusion, crude and dangerous in its application, while the real active principles of medical and biological science exist in the normal and abnormal functions of the four active vital properties of life force agency? The medical profession are laboring with all commendable zeal, under disadvantages of far greater magnitude than did the ancient astronomers, before it was recognized that the sun was the centre of the solar system, and that planetary orbits were elliptiform, in whose paths each planet moved at a different rate of speed, in different parts of its orbit. The development of medical and biological science requires the application of finer thought, in place of more nicely-conducted experiments.

If the medical profession of this generation wish to escape passing into history with a record of being more interested in the perpetuation of the loose, crude and obscure dogmas of early antiquity than in a better development of a life-saving science, they must call a halt in the teaching of false doctrines, and give attention to verifying or repudiating the allegation that vital force agency constitutes the only operative active principles that present health and disease.

The situation cannot be stated better than by the retiring president of the American Association for the Advancement of Science, Professor Daniel G. Brinton, of the University of Pennsylvania, August 29, 1895: “Ignorant of his past, ignorant of his real needs, ignorant of himself, man has blundered and stumbled up the thorny path of progress for tens of thousands of years. Mighty States, millions of individuals have been hurled to destruction in the perilous ascent, mistaking the way, pursuing false paths, following blind guides.”

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FRANK S. PARSONS, M. D., Editor.
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JOSEPH R. CLAUSEN A. M., M. D., Manager.
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THE EDITOR AND THE READER.

As we approach the close of the year it is customary for most journals to take its subscribers into their confidence and set forth what they hope to accomplish during the coming year. The editor usually makes the stereotyped promise of larger reading space, a larger installment of fresh materials, with renewed energy, and, in a word, more for less compensation.

To our faithful, old patrons we have no new pledges to make, as they well know, and are ready to acknowledge,

edge, that for the small price of the "Times and Register" we have honestly endeavored to have each and every one feel assured that the full value of his outlay was realized. Defects, we admit; the typographical work and proof-reading have been, in some instances, not what we desire, but now, that the first of the year is at hand, new arrangements will be made to obviate those blemishes, and it is promised that they will occur less often in the future. Our aim will be to keep our readers supplied with all the latest and the best in the science of the healing art, besides endeavoring to supply such miscellaneous items of medical news as will interest practitioners. Arrangements have been made with Dr. Thomas H. Manley to continue his serial essay on the "blood," in which will be set forth the latest known knowledge on this important subject, as relates to its morphology, physiology and pathology. Such a work has not been written in English since the time of John Hunter, and now that science has placed in the hands of the investigator instruments of accuracy and precision, and advances in all the sciences have been great, we may be assured that this feature alone will much more than repay the reader for his outlay for the journal. Dr. Manley comes to his work with a broad theoretical and technical knowledge, seasoned and leavened by more than twenty years' hospital and general practice; so that this feature will be something more than a rehash of others' work, or the mere rickety translation of some young bud, who is full to overflowing with science, but knows nothing of practice. On the part of our readers, we will always hold our pages open for such contributions as they wish to make, provided only that they come to us exclusively; besides, we would appreciate it as a favor if, at any time, there are grounds for complaints, they are sent to us. We intend during the coming year to place on the tables of our subscribers a medical journal unexcelled by any other, and only expect that they and others of the profession will sustain us in our undertaking.

Foreign Exchanges.

BY DRs. CHANDLER AND DAVIDOW.

ANTISPASMIN—A NEW REMEDY AGAINST WHOOPING COUGH.

(Archiv. f. Kinderheila, xviii, p. 38.)

Antispasmodin (Merks) consist of one molecule narceine sodium and three molecules of salicylate of soda. It is easily soluble in water, while the usual narceine preparations are sparingly, and the result mostly not pure.

Demue first experimented with antispasmin as a hypnotic and sedative. Author, in a period of one year and a half, treated 200 whooping-cough cases of various ages, also adults. In each case author obtained good results by diminishing the intensity and number of attacks, as well as shortening the period of duration.

Even in small children, and after prolonged use, there is no ill effect on the stomach or intestines or any cumulative narcotic effect.

The antispasmin was prepared partly in 5 and partly in 10 per cent. solution of ag. amygd. amas dilut., more often in a tablespoonful sugar water; rarer to disguise the bitter taste in milk or cocoa. From the five per cent. solution children received: Below one-half year, 3-4 times daily, 3-5 grs. per dose; below one-half year, 3-4 times daily, 5-8 grs. per dose; below one year 3-4 times daily, 8-10 grs. per dose; below two years, 3-4 times daily, 10-12 grs. per dose; below three years, 3-4 times daily, 15-20 grs. per dose. Children over three years old received from the ten per cent solution, three times a day, ten drops; if improvement was not soon noticed, it was given four times a day, from 10 to 15 drops, and to older children and grown-up, from 20 to 25 drops.

As the solution becomes easily decomposed it should be put up in blue bottles, well stoppered.

MENTHOL AGAINST CATARRH AND INFLUENZA.

De Reinold Wunsche (Dresden).

(Therap. Monatschr., No. 9, '95.)

Author recommends 0.5-1.0 menthol in 10.0 chloroform against catarrh, and not only does it act abortive in the first stage, but acts good against infection from influenza.

From four to six drops are placed in a small plate; this quantity is quickly rubbed on the hands and tightly placing one on the other, is put on the mouth and nose, the vapor of which is inhaled by deep inspirations. By this method it is at once felt that the vapor molecules of the medicine touch not only the mucous membrane of the nose, mouth and throat, but reach the air vessels. By the first two or three inspirations the sweet chloroform odor predominates, but right after the menthol, which is inhaled in small particles, and the patient after some time, from the taste and odor feels the lasting effect of the menthol.

The most violent sneezing is lost by inhalation of this vapor; in fact, it ceases after the first operation.

Author advises four to six times during the day to absorb the on coming coryza. At first there is a slight increase in the nasal discharge, which soon stops. Pharyngeal and laryngeal pains can be quickly eased if not entirely relieved by this method.

TREATMENT OF PNEUMONIA WITH DIGITALIS.

H. Naegli-Akerblom (Cbl. f. innere Med., 1895, No. 32.)

Author, from his experience in the Baseler Poliklinick, following the initiation of Petresco, recommends large doses of digitalis in croupous pneumonia. Of the infusion, single doses of one grain, daily, from four to five grains, is accompanied with no evil results. The author thinks this drug to be the most important therapeutic agent in croupous pneumonia. In large doses it acts abortive on the disease, acts well on the heart, lungs and blood. In the latter it is especially active in increasing the leucocytes, namely; the polynuclear. In accordance with the researches of

Professor v. Jocksch (Cbl., 1892, p. 431) hyperleucocytosis in croupous pneumonia, warrants a favorable prognosis.

With the digitalis, it is advisable to combine cold water, which likewise acts in increasing the leucocytes.

A NEW METHOD TO TREAT ENDOMETRITIS.

v. Winkel. Munchener Med. Wochenschr., '94, No. 31.

The classification of endometritis etiologically, is according to the author impractical. It should be anatomically. The exact diagnosis should be made by the round Schultze's probe tampon, and the microscopical examination of the scraped portion; eventually by replacing the uterine inflexion after former dilatation. The treatment consists of washing out with disinfectants and astringent liquids, injections of liquor ferri sesquichlor, with Bracen's syringe, application of medicated styptics, caustics or cautery in persistent cases, or mucous abrasions; in the latter the author operates under anaesthesia fixation and dilatation of uterus, and after operation washes with cotton, moistened with liquor ferri sesquichlor.

PATHOLOGICAL ANATOMY OF ERGOTISM.

N. Winogradow, Wratch, 21, 22, 23, 1895.

From the later part of 1889 to autumn, 1890, in the State of Wjatka, 2749 people became afflicted with ergotism poisoning; 535 cases of which proved fatal. The convulsions were observed in all cases; no incident of gangrene was noticed. In seven cases the liver, spleen and kidneys were examined microscopically. The spleen showed the following changes: The connective tissue framework strongly marked, the pulp hyperemic, the Malpighian bodies distinctly marked, a few greatly enlarged and hyperplastic, others appear in the centre as a uniform lay-

er with no nuclei. The arterial walls, particularly the central vessels of the Malpighian bodies, are thickened glosy and show hyaline degeneration. The liver is hyperemic, the liver cells atrophied, the nucleus either lost or the staining unsatisfactory; the arterial wall had the same changes as in the spleen, the lumen at times entirely obliterated, results of coagulation, necrosis of the liver cells. In the kidneys the changes prevail in the cortex substance, hyperemia of the glomeruli, formation of a uniform mass in Bowman's capsule, with consecutive compression and changes of the glomeruli, glossy looking changes in the blood vessels with coagulation necrosis of the epithelium of the urinary tubules.

In acute catarrh Messiere recommends the following powder:

R	Bismuthi subnitr.	5.0
	Camphor brital.	0.5
	Acid boric pulv.	2.0
	Morphii hydrochl.	0.03
	Cocaini hydrochl.	0.02
	Pulv. benzoae.	1.0

0.1 menthol may be substituted for the cocaine.

In chronic tonsilar hypertrophy the same author recommends the local application of the following:

R	Iodi puri
	Potass. iodid.	aa2.0
	Glycerini	
	Aqua distilat.	aa10.0

Sig. Apply once in five or six days.

At the last meeting of the Paris Academy, Professor Nencki (St. Petersburg), was elected corresponding member.

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A. D. D.

Dr. E. C. Mann, the eminent author on medical jurisprudence, of New York city, has received advice of his appointment as honorary member of the Imperial University of Kharkiff, Russia, and associate member of the Societe Medico Psychologique, Paris.

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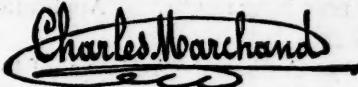
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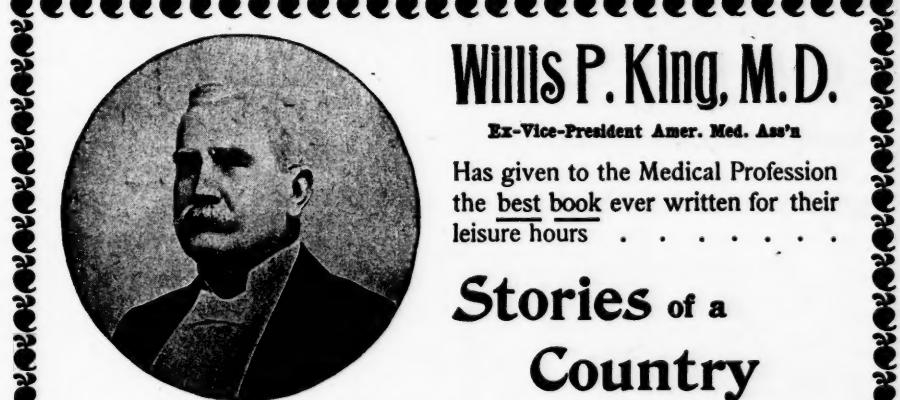
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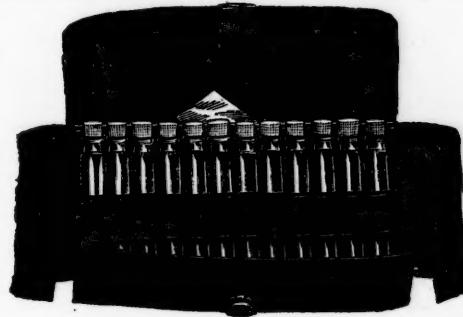
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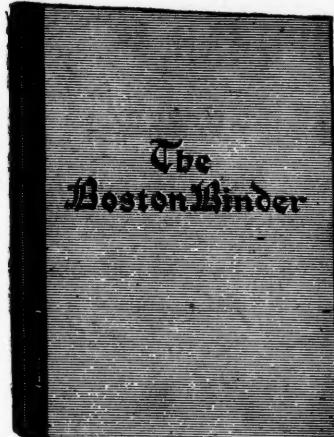
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